

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/14/2016
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

COUNTRY HEALTH

2304 C R 3000 N
GIFFORD, IL 61847

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>Licensure Violations: 300.1210d)6 300.1220b)3) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident</p> <p>These Requirements are not met as evidenced</p>	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>by:</p> <p>Findings include:</p> <p>The Physician Progress Note dated 2/16/16 documents diagnoses of Complete Heart Block, Arteriovenous Malformation, Mitral Stenosis, Congestive Heart Failure, Osler-Weber-Rendu Disease (Blood vessel disorder that often leads to excessive bleeding), Hypertension, Chronic Anemia and Peripheral Edema. The note by Z1, Physician documents " (R1) states her legs still hurt...Has not been sitting in recliner chair with feet elevated...continues to sleep in recliner chair with feet down....Chronic pain.....positioning likely contributes to leg pain..."</p> <p>The Minimum Data Set (MDS) dated 2/24/16 documents that R1 has severe cognitive impairment and requires extensive assist of one with transfer, ambulation, dressing, toilet use and bed mobility. The MDS documents that R1 has problems with balance during transitions and walking. R1 is unsteady and only able to stabilize with staff assist for the following walking and transition items : moving from seated to standing; Walking; Turning around; moving on and off toilet and surface to surface transfers (transfer between bed and chair and wheelchair). The Fall Assessment dated 2/24/26 documents R1 is at high risk for falling.</p> <p>The Care Plan dated as reviewed on 2/24/16 documents R1 is at risk for "falls/Safety risk" related to "SOB (shortness of breath) on exertion, anemia, osteopathic, general weakness to lower extremities, chronic edema to legs, visual deficits..." The following interventions are identified: "Prompted toileting plan....She will ask</p>	S9999			

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S9999	Continued From page 2 to use bathroom but is forgetful at times.."; " (R1) prefers to sleep in a recliner for sob and comfort" ; "Transfers: one assist stand pivot" ; "Slipper socks or other non-skid footwear present when out of bed..." The Occupational Therapy (OT) Evaluation dated 2/23/16 documents the referral was for a "custom seating evaluation" for a specialized w/c (wheelchair). The evaluation documents that R1 "has not fallen but leans laterally and significantly forward....head is forward..down..Thoracic Spine= (equals) Kyphosis." The assessment documents R1's sitting balance during activities of daily living is "fair-(Min (A) [minimal assist] or UE [upper extremity] support, w/o [without] LOB [loss of balance] and to reach ipsilaterally; unable to weight shift)." The assessment documents that R1 follows directions but has "Safety Awareness=Impaired. Functional Limitations as Result of Posture: [R1] at risk for falls out of w/c secondary to decreased postural control with significant leaning forward and sideways in her w/c..." On 4/12/16 at 2:00pm Z3, Occupational Therapist stated R1 would fall asleep in the wheelchair and was getting more lethargic. Z3 stated the point of the evaluation was because R1 was becoming more lethargic and having periods of sleeping in the wheelchair. Z3 stated R1's safety awareness was impaired because R1 was not consistent about locking the wheelchair brakes during the observation. Z3 stated when R1 was sleeping in the wheelchair she had decreased postural control with leaning forward and sideways in the chair. Z3 stated she never saw R1 sitting in the recliner chair during the evaluation. Z3 stated R1 was able to have a conversation with her family, but didn't think R1 was "clear, not sharp, don't	S9999		

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S9999	<p>Continued From page 3</p> <p>think she was accurate on details."</p> <p>On 4/7/16 at 1:40pm Z2, Nurse Practitioner when asked about R1's cognitive function stated, "I think her mental status has deteriorated.."</p> <p>The Personal Recliner Review dated 2/24/16 documents the following : The recliner is electric ; "(R1) is able to adjust the chair position independently... Yes." ; "(R1) is able to transfer/ambulate without weight bearing support...No." ; "(R1's) feet touch the floor when sitting upright..Yes." ; "(R1) able to sit upright without assistive device..No." ; "Transfers independently with or without assistive device..No." ; "Requires extensive assist to transfer, with or without assistive device..Yes." and "Dependent on staff for all transfers, or utilizes a mechanical lift..No. Based on the responses above, indicate the IDT (Interdisciplinary Team) decision regarding Personal Recliner use by this resident (R1)....(R1) demonstrates safe use of the evaluated recliner-no intervention needed.."</p> <p>On 4/12/16 at 9:50am E4, RN (Registered Nurse), Restorative stated R1 had a room move in February (2016) and that's when she was changed to an electric recliner lift chair. E4 stated R1's comfort level was problematic and R1 for a longtime had a recliner in the lobby but it wasn't electric. E4 stated R1 had restless leg, complained of leg pain and at night would sit on the side of the bed. E4 stated, "For her comfort (it was) decided that the regular recliner would make (R1) more comfortable-then the room came available-it all happened-changed (R1) to electric recliner." When asked how she did the Personal Recliner Review (2/24/26) E4 stated she asked R1 all the questions, watched a transfer and</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>checked to see if R1 had the dexterity to operate the remote. E4 stated R1 was able to put her feet on the floor and able to use the remote when asked with no cueing. E4 stated based on all that she felt R1 was safe to use the electric lift recliner chair. When asked if she considered that R1 was assessed to have severe cognitive impairment, E4 stated, "(R1) was able to do all those things. (R1) told me she had an electric recliner at home and said she slept in it all the time. If (R1) was not able to do any of the directions on the assessment or if she needed cueing-may have to do a modification..I had no idea (R1) would put it up and try to stand."</p> <p>The Occurrence Reports document previous falls on 12/16/14, 1/30/15 and 6/20/15. There are no further falls documented until the Occurrence Report dated 3/9/16. The Occurrence Report dated 3/9/16 at 5:10am documents "... (R1) on the floor in front of her lift chair which was in it's highest raised position. (R1) sitting on floor leaning back onto her arms, both knees bent, right (to) left..Fully dressed, slipper socks on, floor dry. Lap blankets still on her legs..Stated she was going to get up. Slid off chair."</p> <p>The statement dated 3/9/16 of an interview with R1 by E4, RN documents the following: "I was in my chair and my legs hurt. I was moving to get comfortable. I felt myself starting to slip I tried to stop myself I slid right off the chair."</p> <p>The statement dated 3/9/16 written by E5 and E7, CNA's (Certified Nurse Aide) documents the following: "...call (light) came on...Heard (R1) yelling. Found her on the floor in front...lift chair... (R1's) chair in the high position..."</p> <p>On 4/13/16 at 5:50am E5, CNA stated she had</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>taken R1 to the bathroom around 4 or 4:30am that night (3/9/16). E5 stated, "...heard (R1) call light came on, on the way down heard (R1) yelling...was on the floor..said her knee hurt."</p> <p>On 4/11/16 at 11:20am E7, CNA stated "(E5) and I heard her (R1) calling out--found chair was in the highest position--(R1) was on the floor next to the chair..said she fell out of chair..saw her (R1) at 4:30am--had to go to bathroom.."</p> <p>The statement dated 3/9/16 written by E8, LPN (Licensed Practical Nurse) documents the following: "... (R1) on the floor....I saw the chair up high. (R1) was on the floor, knees bent, she was fully dressed. (R1) told me that she slid off the chair..."</p> <p>On 4/11/16 at 11:10am E8, LPN stated she last saw R1 after wrapping her legs, probably around 4:40am and was passing pills when she was told R1 had fallen. E8 stated, ""electric lift chair was up as high as it could be, (R1) had to slip straight down...said her knee hurt.."</p> <p>The Patient Report (xray) dated 3/9/16 documents the following: "(R1) Fell 3/9 raising lift chair and slide off, pain, limited ROM (range of motion)-new onset...." The report documents a Right Distal Femoral Fracture.</p> <p>The Emergency Department Report dated 3/9/16 documents the following: " (R1) states she fell...earlier this morning and landed on her right leg..unable to straighten ..right knee with significant tenderness and swelling...Xray from outside was read as indeterminate fracture but she has a distal comminuted femur fracture that is closed...CT (Computerized Tomography) of the right knee shows-Comminuted fracture of the</p>	S9999		

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S9999	Continued From page 6 right distal femoral metaphysis with moderate displacement and moderate angulation..." On 4/12/16 at 3:20pm Z1, Attending Physician was asked if R1's fracture was caused by her fall (3/9/16), and Z1 stated, "It sure sounds like the fall caused (it)-would lead me to believe (with the) type of fracture, (it) was caused by the fall..." (B)	S9999		